

EXHIBIT L



Mini-Brief

Broader Sharing of Adult Donor Lungs

OPTN/UNOS Executive Committee

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Broader Sharing of Adult Donor Lungs

<i>Affected Policies:</i>	<i>1.2: Definitions; 10.4: Lung Allocation Classifications and Rankings</i>
<i>Sponsoring Committee:</i>	<i>Executive Committee</i>
<i>Public Comment Period:</i>	<i>N/A – Emergency Action</i>
<i>Executive Committee Date:</i>	<i>November 26, 2017</i>

What problem will this proposal address?

Current policy

Currently, lung candidates greater than 12 years old are prioritized for offers from donors within their DSA according to their lung allocation score (LAS), which is calculated using estimates of the candidate's medical urgency and likelihood of post-transplant success.¹ Offers from adult donors must be sent to all candidates in the DSA before any offers are sent to candidates in Zone A, which encompasses all candidates within 500 nautical miles of the donor hospital but outside of the donor hospital's DSA.² Under the current sharing scheme for lungs, for example, a candidate with a very high LAS in Zone A will not receive a lung offer until all candidates in the local DSA, including those with a relatively low severity of illness, are first offered the lungs.

HRSA Directive

On behalf of the United States Department of Health and Human Services (HHS), on November 21, 2017, Health Resources and Services Administration (HRSA) Administrator George Sigounas directed the Organ Procurement and Transplantation Network (OPTN) to conduct an emergency "review of the use of DSAs [donation service areas] in Lung Allocation Policy in accordance with the requirements of the OPTN final rule."³ Specifically, the OPTN must:

- 1) "inform HHS whether the use of DSAs in Lung Allocation Policy is consistent with the requirements of the OPTN final rule;"
- 2) explain whether the current adult donor allocation sequence that allocates lungs to candidates in the DSA in the first six allocation classifications is more consistent with the Final Rule than an alternative proposed version, which strikes the DSA as the first unit of allocation and instead initially allocates lungs to all candidates within 500 nautical miles of the donor hospital.

The OPTN/UNOS Executive Committee convened on November 22, 2017 to consider the Administrator's questions.

1. Is the use of DSA for lung allocation policy consistent with the requirements of the OPTN final rule?

The National Organ and Transplant Act (NOTA) and the OPTN Final Rule stress utility and equity in allocation policies. These regulations mandate that allocation of organs shall be based on medical criteria, not on a candidate's place of residence or listing. Additionally, the Final Rule itemizes broader

¹ OPTN/UNOS Policies. *10.4.C Allocation of Lungs from Deceased Donors at Least 18 Years Old*. Accessed November 20, 2017. https://optn.transplant.hrsa.gov/media/1200/optn_policies.pdf#nameddest=Policy_10

² OPTN/UNOS Policies. *1.2: Definitions*. Accessed on November 20, 2017.

https://optn.transplant.hrsa.gov/media/1200/optn_policies.pdf#nameddest=Policy_01

³ Letter from HRSA Administrator to Yolanda Becker, MD, President of the OPTN. November 21, 2017.

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sharing when possible in allocation performance goals: "Distributing organs over as broad a geographic area as feasible...and in order of decreasing medical urgency," and states that organ allocation policies "Shall not be based on the candidate's place of residence or place of listing, except to the extent required by paragraphs (a)(1)-(5)..."⁴ However, the Final Rule also requires that allocation policies "Shall be designed to avoid wasting organs, to avoid futile transplants, to promote patient access to transplantation, and to promote the efficient management of organ placement."

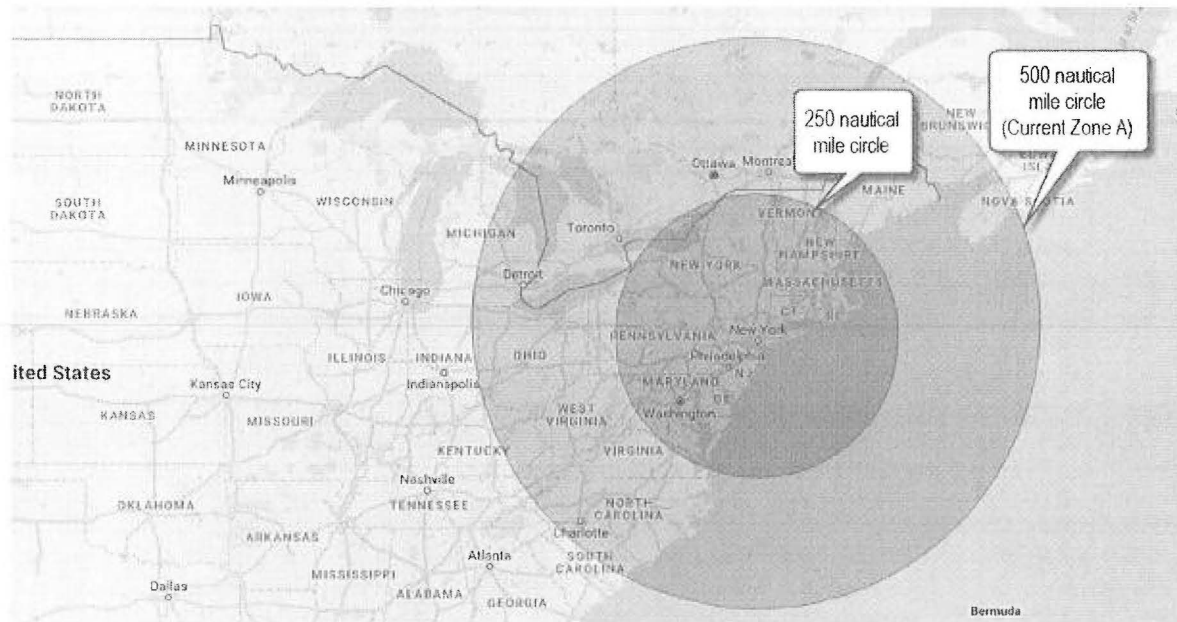
The Executive Committee agreed that use of the DSAs for lung allocation is consistent with the provision of the Final Rule that requires policies to be designed to avoid wasting organs and futile transplants, and that DSAs promote efficient organ placement. DSAs help to foster relationships between Organ Procurement Organizations (OPOs) and the transplant programs they serve, as well as the hospitals from which the OPOs procure organs. These relationships are critical to the efficient management of the allocation system. Because of these historic working relationships, DSAs remain the primary unit of allocation for lungs.

The Executive Committee also concluded that geography does impact cold ischemic times, which affect post-transplant graft performance. Geography also impacts the timing and costs of the organ recovery and matching processes. The Committee concluded that because of these factors, geographic considerations are not inherently in conflict with the Final Rule, so long as they are rationally determined, consistently applied, and do not create inequalities in candidates' access to organ transplantation. However, the Executive Committee also acknowledged that, as an allocation unit for lungs, DSAs might not be the best proxy for geography, as DSAs have disparate sizes, shapes, and populations. DSAs as drawn today do not appropriately address those concerns in a way that is rationally determined, consistently applied, and equal for all candidates.

2. Is the current adult donor allocation sequence that allocates lungs to candidates in the DSA in the first six allocation classifications is more consistent with the Final Rule than an alternative proposed version, which strikes the DSA as the first unit of allocation and instead initially allocates lungs to all candidates within 500 nautical miles of the donor hospital?

A policy change to replace DSA-first sharing with Zone A-first sharing would begin to minimize the effect of geography on a candidate's access to donors by providing urgent candidates access to a broader range of donors across DSA, and sometimes even across regional, borders. However, the Executive Committee is hesitant to immediately change policy to share first to the current Zone A without the time to examine the potential impacts. Instead, the Executive Committee proposes adopting a 250 nautical mile zone as the first unit of allocation to provide lung candidates with access to a broader geographic range of donors.

Figure 1: Comparison of 250 and 500 nautical mile circles



The Executive Committee sought the advice of the OPTN/UNOS Thoracic Organ Transplantation Committee (Thoracic Committee). The Thoracic Committee, in considering whether to recommend making an immediate change to policy, concluded “there is value in exploring the removal of the DSA as a unit of allocation, but is reluctant to recommend doing so without the ability to perform analysis on the impact of such a change.” Nevertheless, studies using OPTN data suggests that removing DSA as a unit of allocation may better align OPTN policy with the requirements of the Final Rule.

Recent studies published in literature using OPTN data suggests that sharing lungs more broadly is not only feasible, but would likely improve the overall allocation system. One study found that “organs are commonly allocated to local candidates with a lower LAS while regional candidates with a higher LAS continue to wait and/or die without the benefit of transplantation.”⁵ For example, “waiting list survival among patients with an LAS less than 50 is approximately 4 years, those with an LAS 50 to 74 is approximately 6 months, and those with an LAS 75+ is less than 30 days.”⁶ This finding appears to support the notion that current policy is not consistent with the requirement in the OPTN Final Rule that organs be allocated “over as broad a geographic area as feasible...and in order of decreasing medical urgency.”⁷ Another study, supported by the Scientific Registry for Transplant Recipients’ (SRTR) Thoracic Simulation Allocation Modeling (TSAM), demonstrated that broader sharing would lead to decreased waitlist mortality.⁸

In addition to supporting broader sharing due to the likely effect of transplanting more urgent candidates more quickly without resulting in worse post-transplant outcomes, another study also suggested that allocating lungs to the DSA first results in “disparities in outcomes for transplant candidates depending on where they reside.”⁹ This finding further supports that removing DSA-first sharing may make OPTN policy more consistent with the requirements of the Final Rule.

⁵ Russo, et.al. Local Allocation of Lung Donors Results in Transplanting Lungs in Lower Priority Transplant Recipients. *Ann Thorac Surg* 2013;95:1231–5. DOI: 10.1016/j.athoracsur.2012.11.070

⁶ *Id.*

⁷ 42 C.F.R. § 121.8, available at [Electronic Code of Federal Regulations](http://www.ecfr.gov)

⁸ Mooney, et. al. Effect of Broader Geographic Sharing of Donor Lungs on Regional Waitlist (WL) Mortality and Transplant Center Volume. *The Journal of Heart and Lung Transplantation*, Volume 36, Issue 4, S206 - S207. DOI: <http://dx.doi.org/10.1016/j.healun.2017.01.541>

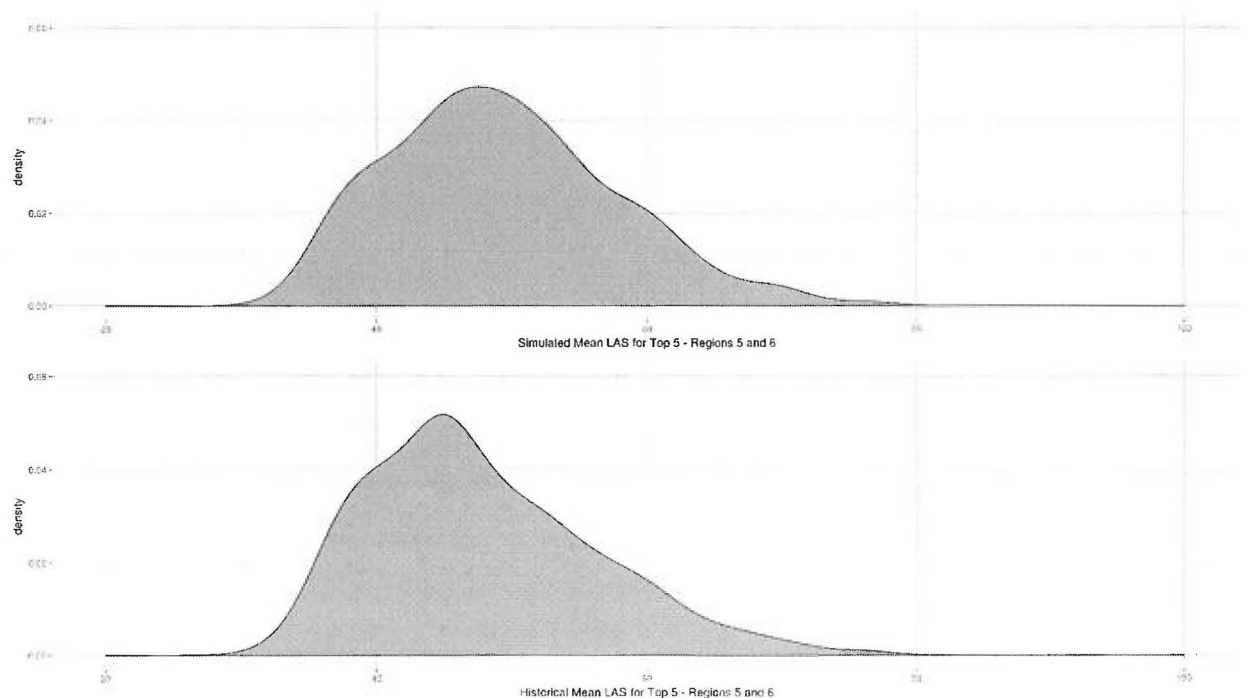
⁹ Iribarne, et.al. Distribution of donor lungs in the United States: a case for broader geographic sharing. *Clin Transplant* 2016; 30: 688–693 DOI: 10.1111/ctr.12735

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Upon review of available data and literature, the Executive Committee determined that the current lung allocation policy contains an over-reliance on DSA as a unit of allocation. The Executive Committee further concluded that a policy that does not depend on DSA as the primary unit of allocation of lungs is more consistent with the OPTN Final Rule that a policy that does share first within the DSA. However, the Executive Committee also determined that sharing first to 500 nautical miles is too risky without the ability to perform analysis on the impact of such a sweeping change. Therefore, the Executive Committee concluded that the lung allocation policy should be revised to replace the use of DSA as the first element of lung allocation with a 250 nautical mile circle around the donor hospital.

A 250 mile circle already encompasses most lung transplants in the U.S., and will likely result in candidates being transplanted at a higher LAS throughout the nation.¹⁰

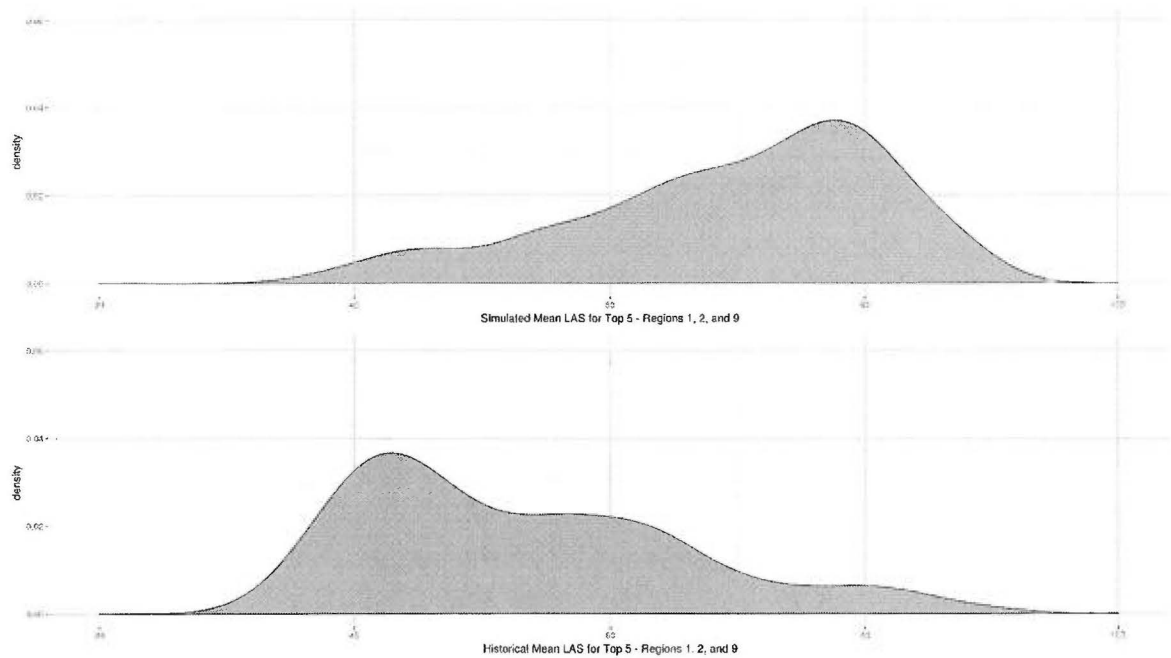
Candidates in smaller DSAs are the most likely to be impacted by this change, as they are likely to gain more access to donor lungs by showing up for the first share on match runs.



For adult donor accepted lung offers during 2016 in regions 5 and 6, the distribution of the mean LAS for the top 5 registrations on the match under the current system of allocating within DSA first and by the proposed system of allocating within a 250 mile radius of the donor hospital first.

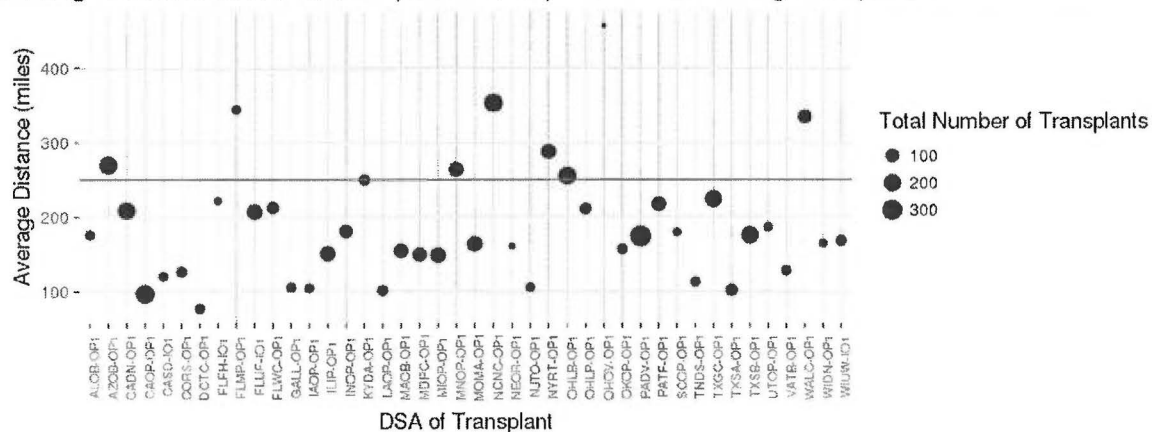
¹⁰ OPTN/UNOS Data Analysis. Provided to the Executive Committee on November 24, 2017.

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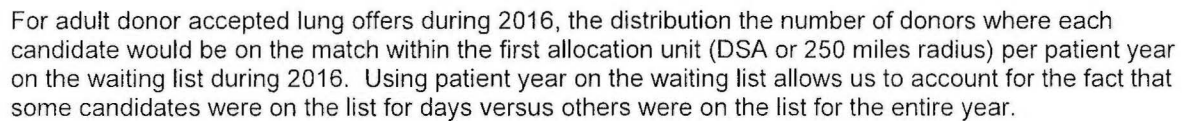
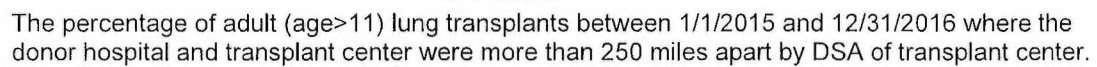


For adult donor accepted lung offers during 2016 in regions 1, 2, and 9, the distribution of the mean LAS for the top 5 registrations on the match under the current system of allocating within DSA first and by the proposed system of allocating within a 250 mile radius of the donor hospital first.

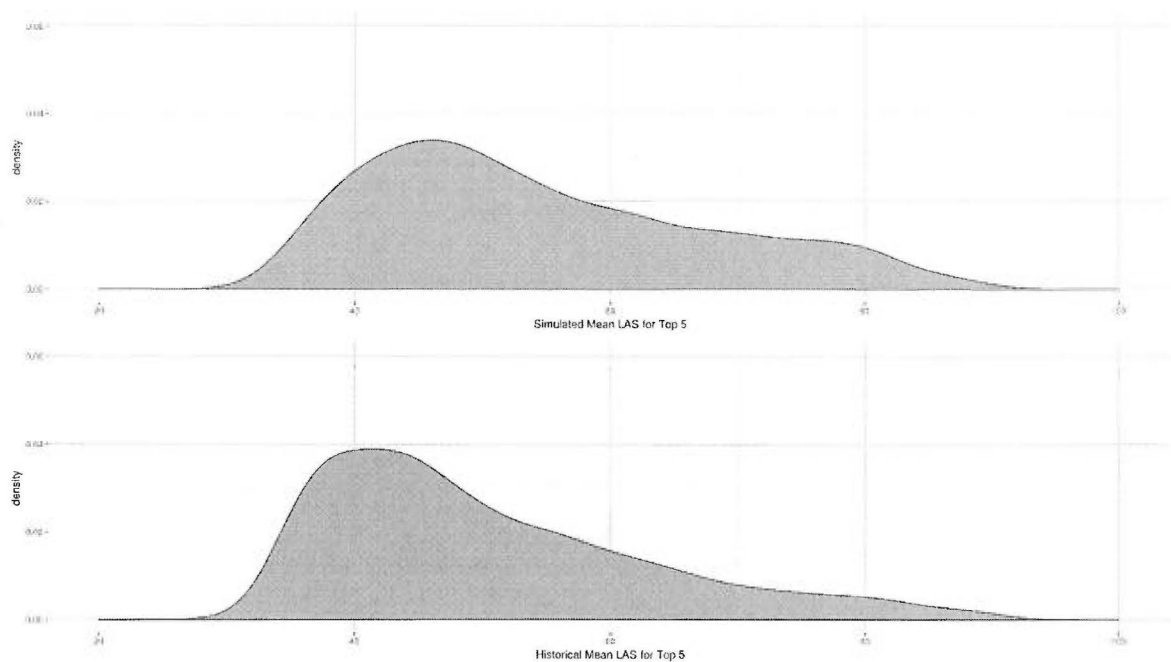
Average Distance from Donor Hospital to Transplant Center for Lung Transplants



The average distance from the donor hospital to the transplant center for adult (age>11) lung transplants between 1/1/2015 and 12/31/2016 by DSA of transplant center.



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For adult donor accepted lung offers during 2016, Distribution of the mean LAS for the top 5 registrations on the match for each donor under the current system of allocating within DSA first and by the proposed system of allocating within a 250 mile radius of the donor hospital first.

This policy change applies a reasonable geographic constraint in a way that is rational, consistent, and promotes increased equity and access among lung candidates.

Which populations are impacted by this proposal?

This proposal is primarily intended to impact lung candidates greater than 12 years old, by providing them with access to donors in a broader geographic area. As of November 17, 2017, there were 1,378 candidates on the lung waiting list: 21 were 0-11 years old; 15 were 12-17 years old; and 1,342 were 18 years or older.

How does this proposal impact the OPTN Strategic Plan?

1. *Increase the number of transplants:* There is no impact to this goal.
2. *Improve equity in access to transplants:* These changes increase equity in access to transplants by ensuring candidates with greater medical urgency, regardless of their geographic location, have broader access to donor lungs.
3. *Improve waitlisted patient, living donor, and transplant recipient outcomes:* There is no known impact to this goal.
4. *Promote living donor and transplant recipient safety:* There is no impact to this goal.
5. *Promote the efficient management of the OPTN:* There is no impact to this goal.

How will the OPTN implement this proposal?

These changes will require immediate programming in UNetSM. The OPTN will inform members on any policy changes through Policy Notices. After the policy takes effect, the OPTN will distribute a proposal for public comment regarding these changes, and will consider feedback received during public comment for further improvements in the future consistent with OPTN Bylaw 11.7 *Emergency Actions*.

How will members implement this proposal?

Transplant Hospitals

These changes may impact transplant program costs, as broader sharing may increase the number, distance, and time of additional lung fly outs and as some programs may need to hire more transplant surgeons to travel further to recover lungs from donors.

OPOs

These changes include modifications to the adult lung allocation sequence and may impact OPO practices and costs.

Will this proposal require members to submit additional data?

No, these changes do not require additional data collection.

How will members be evaluated for compliance with this proposal?

OPTN contractor staff will continue to review deceased donor match runs that result in a transplanted organ to ensure that allocation was carried out according to OPTN policy and will continue to investigate potential policy violations. All policy requirements, as well as any data entered in UNetSM, may be subject to OPTN review, and members are required to provide documentation as requested.

Policy or Bylaws Language

Proposed new language is underlined (example) and language that is proposed for removal is struck through (~~example~~).

RESOLVED, that changes to Policies 1.2 (Definitions), 10.4.C (Allocation of Lungs from Deceased Donors at Least 18 Years Old), and 10.4.D (Allocation of Lungs from Deceased Donors Less than 18 Years Old), as set forth below, are hereby approved, effective pending implementation and notice to OPTN members and will expire on November 24, 2018.

1.2 Definitions

Zone

A geographical area used in the allocation of certain organs.

The allocation of ~~thoracic organs~~ hearts uses the following five concentric bands:

- Zone A Includes all transplant hospitals within 500 nautical miles of the donor hospital but outside of the donor hospital's DSA.
- Zone B All transplant hospitals within 1,000 nautical miles of the donor hospital but outside of Zone A and the donor hospital's DSA.
- Zone C All transplant hospitals within 1,500 nautical miles of the donor hospital but outside of Zone B and the donor hospital's DSA.
- Zone D All transplant hospitals within 2,500 nautical miles of the donor hospital but outside of Zone C.
- Zone E All transplant hospitals more than 2,500 nautical miles from the donor hospital.

The allocation of lungs uses the following six concentric bands:

- Zone A Includes all transplant hospitals within 250 nautical miles of the donor hospital.
- Zone B All transplant hospitals within 500 nautical miles of the donor hospital but outside of Zone A.
- Zone C All transplant hospitals within 1,000 nautical miles of the donor hospital but outside of Zone B.
- Zone D All transplant hospitals within 1,500 nautical miles of the donor hospital but outside of Zone C.
- Zone E All transplant hospitals within 2,500 nautical miles of the donor hospital but outside of Zone D.
- Zone F All transplant hospitals more than 2,500 nautical miles from the donor hospital.

10.4.C Allocation of Lungs from Deceased Donors at Least 18 Years Old

Single and double lungs from deceased donors at least 18 years old are allocated according to *Table 10-9* below.

Table 10-9: Allocation of Lungs from Deceased Donors at Least 18 Years Old

Classification	Candidates that are included within the:	And are:
1	OPO's DSA	At least 12 years old, blood type identical to the donor
2	OPO's DSA	At least 12 years old, blood type compatible with the donor
3	OPO's DSA	Priority 1 and <i>one</i> of the following: <ul style="list-style-type: none"> • Less than 12 years old and blood type identical to the donor

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Classification	Candidates that are included within the:	And are:
		<ul style="list-style-type: none"> • Less than 1 year old and blood type compatible with the donor • Less than 1 year old and eligible for intended blood group incompatible offers
4	OPO's DSA	Priority 1 and <i>one</i> of the following: <ul style="list-style-type: none"> • At least 1 year old and blood type compatible with the donor • At least 1 year old and eligible for intended blood group incompatible offers
5	OPO's DSA	Priority 2, blood type identical to the donor
6	OPO's DSA	Priority 2, blood type compatible with the donor
<u>71</u>	Zone A	At least 12 years old, blood type identical to the donor
<u>82</u>	Zone A	At least 12 years old, blood type compatible with the donor
<u>93</u>	Zone A	Priority 1 and <i>one</i> of the following: <ul style="list-style-type: none"> • Less than 12 years old and blood type identical to the donor • Less than 1 year old and blood type compatible with the donor • Less than 1 year old and eligible for intended blood group incompatible offers
<u>104</u>	Zone A	Priority 1 and <i>one</i> of the following: <ul style="list-style-type: none"> • At least 1 year old and blood type compatible with the donor • At least 1 year old and eligible for intended blood group incompatible offers
<u>115</u>	Zone A	Priority 2, blood type identical to the donor
<u>126</u>	Zone A	Priority 2, blood type compatible with the donor
<u>137</u>	Zone B	At least 12 years old, blood type identical to the donor
<u>148</u>	Zone B	At least 12 years old, blood type compatible with the donor
<u>159</u>	Zone B	Priority 1 and <i>one</i> of the following: <ul style="list-style-type: none"> • Less than 12 years old and blood type identical to the donor • Less than 1 year old and blood type compatible with the donor • Less than 1 year old and eligible for intended blood group incompatible offers
<u>1610</u>	Zone B	Priority 1 and <i>one</i> of the following: <ul style="list-style-type: none"> • At least 1 year old and blood type compatible with the donor • At least 1 year old and eligible for intended blood group incompatible offers

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Classification	Candidates that are included within the:	And are:
<u>4711</u>	Zone B	Priority 2, blood type identical to the donor
<u>4812</u>	Zone B	Priority 2, blood type compatible with the donor
<u>4913</u>	Zone C	At least 12 years old, blood type identical to the donor
<u>2014</u>	Zone C	At least 12 years old, blood type compatible with the donor
<u>2415</u>	Zone C	Priority 1 and <i>one</i> of the following: <ul style="list-style-type: none"> • Less than 12 years old and blood type identical to the donor • Less than 1 year old and blood type compatible with the donor • Less than 1 year old and eligible for intended blood group incompatible offers
<u>2216</u>	Zone C	Priority 1 and <i>one</i> of the following: <ul style="list-style-type: none"> • At least 1 year old and blood type compatible with the donor • At least 1 year old and eligible for intended blood group incompatible offers
<u>2317</u>	Zone C	Priority 2, blood type identical to the donor
<u>2418</u>	Zone C	Priority 2, blood type compatible with the donor
<u>2519</u>	Zone D	At least 12 years old, blood type identical to the donor
<u>2620</u>	Zone D	At least 12 years old, blood type compatible with the donor
<u>2721</u>	Zone D	Priority 1 and <i>one</i> of the following: <ul style="list-style-type: none"> • Less than 12 years old and blood type identical to the donor • Less than 1 year old and blood type compatible with the donor • Less than 1 year old and eligible for intended blood group incompatible offers
<u>2822</u>	Zone D	Priority 1 and <i>one</i> of the following: <ul style="list-style-type: none"> • At least 1 year old and blood type compatible with the donor • At least 1 year old and eligible for intended blood group incompatible offers
<u>2923</u>	Zone D	Priority 2, blood type identical to the donor
<u>3024</u>	Zone D	Priority 2, blood type compatible with the donor
<u>3425</u>	Zone E	At least 12 years old, blood type identical to the donor
<u>3226</u>	Zone E	At least 12 years old, blood type compatible with the donor
<u>3327</u>	Zone E	Priority 1 and <i>one</i> of the following:

Classification	Candidates that are included within the:	And are:
		<ul style="list-style-type: none"> • Less than 12 years old and blood type identical to the donor • Less than 1 year old and blood type compatible with the donor • Less than 1 year old and eligible for intended blood group incompatible offers
<u>3428</u>	Zone E	Priority 1 and <i>one</i> of the following: <ul style="list-style-type: none"> • At least 1 year old and blood type compatible with the donor • At least 1 year old and eligible for intended blood group incompatible offers
<u>3529</u>	Zone E	Priority 2, blood type identical to the donor
<u>3630</u>	Zone E	Priority 2, blood type compatible with the donor
<u>31</u>	<u>Zone F</u>	<u>At least 12 years old, blood type identical to the donor</u>
<u>32</u>	<u>Zone F</u>	<u>At least 12 years old, blood type compatible with the donor</u>
<u>33</u>	<u>Zone F</u>	Priority 1 and <i>one</i> of the following: <ul style="list-style-type: none"> • <u>Less than 12 years old and blood type identical to the donor</u> • <u>Less than 1 year old and blood type compatible with the donor</u> • <u>Less than 1 year old and eligible for intended blood group incompatible offers</u>
<u>34</u>	<u>Zone F</u>	Priority 1 and <i>one</i> of the following: <ul style="list-style-type: none"> • <u>At least 1 year old and blood type compatible with the donor</u> • <u>At least 1 year old and eligible for intended blood group incompatible offers</u>
<u>35</u>	<u>Zone F</u>	Priority 2, blood type identical to the donor
<u>36</u>	<u>Zone F</u>	Priority 2, blood type compatible with the donor

10.4.D Allocation of Lungs from Deceased Donors Less than 18 Years Old

Single and double lungs from deceased donors less than 18 years old are allocated according to Table 10-10 below.

Table 10-10: Allocation of Lungs from Deceased Donors Less than 18 Years Old

Classification	Candidates that are included within the:	And are:
1	OPO's DSA, Zone A, <u>Zone B</u> , or <u>Zone BC</u>	Priority 1 and <i>one</i> of the following: <ul style="list-style-type: none"> • Less than 12 years old and blood type identical to the donor

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Classification	Candidates that are included within the:	And are:
		<ul style="list-style-type: none"> Less than 1 year old and blood type compatible with the donor Less than 1 year old and eligible for intended blood group incompatible offers
2	OPO's DSA, Zone A, <u>Zone B</u> , or Zone <u>BC</u>	Priority 1 and <i>one</i> of the following: <ul style="list-style-type: none"> At least 1 year old and blood type compatible with the donor At least 1 year old and eligible for intended blood group incompatible offers
3	OPO's DSA, Zone A, <u>Zone B</u> , or Zone <u>BC</u>	Priority 2, blood type identical to the donor
4	OPO's DSA, Zone A, Zone B, or Zone <u>BC</u>	Priority 2, blood type compatible with the donor
5	OPO's DSA, Zone A, <u>Zone B</u> , or Zone <u>BC</u>	12 to less than 18 years old, blood type identical to the donor
6	OPO's DSA, Zone A, <u>Zone B</u> , or Zone <u>BC</u>	12 to less than 18 years old, blood type compatible with the donor
7	OPO's DSA	At least 18 years, blood type identical to the donor
8	OPO's DSA	At least 18 years, blood type compatible with the donor
<u>97</u>	Zone A	At least 18 years old, blood type identical to the donor
<u>408</u>	Zone A	At least 18 years old, blood type compatible with the donor
<u>419</u>	Zone B	At least 18 years old, blood type identical to the donor
<u>4210</u>	Zone B	At least 18 years old, blood type compatible with the donor
<u>11</u>	Zone C	At least 18 years old, blood type identical to the donor
<u>12</u>	Zone C	At least 18 years old, blood type compatible with the donor
13	Zone <u>CD</u>	Priority 1 and <i>one</i> of the following: <ul style="list-style-type: none"> Less than 12 years old and blood type identical to the donor Less than 1 year old and blood type compatible with the donor Less than 1 year old and eligible for intended blood group incompatible offers
14	Zone <u>CD</u>	Priority 1 and <i>one</i> of the following: <ul style="list-style-type: none"> At least 1 year old and blood type compatible with the donor At least 1 year old and eligible for intended blood group incompatible offers
15	Zone <u>CD</u>	Priority 2, blood type identical to the donor

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Classification	Candidates that are included within the:	And are:
16	Zone <u>CD</u>	Priority 2, blood type compatible with the donor
17	Zone <u>CD</u>	12 to less than 18 years old, blood type identical to the donor
18	Zone <u>CD</u>	12 to less than 18 years old, blood type compatible with the donor
19	Zone <u>CD</u>	At least 18 years old, blood type identical to the donor
20	Zone <u>CD</u>	At least 18 years old, blood type compatible with the donor
21	Zone <u>DE</u>	Priority 1 and <i>one</i> of the following: <ul style="list-style-type: none"> • Less than 12 years old and blood type identical to the donor • Less than 1 year old and blood type compatible with the donor • Less than 1 year old and eligible for intended blood group incompatible offers
22	Zone <u>DE</u>	Priority 1 and <i>one</i> of the following: <ul style="list-style-type: none"> • At least 1 year old and blood type compatible with the donor • At least 1 year old and eligible for intended blood group incompatible offers
23	Zone <u>DE</u>	Priority 2, blood type identical to the donor
24	Zone <u>DE</u>	Priority 2, blood type compatible with the donor
25	Zone <u>DE</u>	12 to less than 18 years old, blood type identical to the donor
26	Zone <u>DE</u>	12 to less than 18 years old, blood type compatible with the donor
27	Zone <u>DE</u>	At least 18 years old, blood type identical to the donor
28	Zone <u>DE</u>	At least 18 years old, blood type compatible with the donor
29	Zone <u>EF</u>	Priority 1 and <i>one</i> of the following: <ul style="list-style-type: none"> • Less than 12 years old and blood type identical to the donor • Less than 1 year old and blood type compatible with the donor • Less than 1 year old and eligible for intended blood group incompatible offers
30	Zone <u>EF</u>	Priority 1 and <i>one</i> of the following: <ul style="list-style-type: none"> • At least 1 year old and blood type compatible with the donor • At least 1 year old and eligible for intended blood group incompatible offers
31	Zone <u>EF</u>	Priority 2, blood type identical to the donor

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Classification	Candidates that are included within the:	And are:
32	Zone EF	Priority 2, blood type compatible with the donor
33	Zone EF	12 to less than 18 years old, blood type identical to the donor
34	Zone EF	12 to less than 18 years old, blood type compatible with the donor
35	Zone EF	At least 18 years old, blood type identical to the donor
36	Zone EF	At least 18 years old, blood type compatible with the donor

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RESOLUTION 1

RESOLVED, that changes to Policies 1.2 (Definitions), 10.4.C (Allocation of Lungs from Deceased Donors at Least 18 Years Old), and 10.4.D (Allocation of Lungs from Deceased Donors Less than 18 Years Old), as set forth below, are hereby approved, effective pending implementation and notice to OPTN members and will expire on November 24, 2018.